Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

13408-00007

| CLAIMS AS FILED - PART I   |  |   |                    |             |                         |                  |            | SMALL ENTITY        |                        |          | OTHER THAN          |  |  |
|--|--|---|--------------------|-------------|-------------------------|------------------|------------|---------------------|------------------------|----------|---------------------|--|--|
|  |  |   | (Column 1)         |             | (Column 2)              |                  | T          | TYPE                |                        | OR       | OR SMALL ENTITY     |  |  |
| TOTAL CLAIMS   |  |   | >9                 |             |                         |                  |            | RATE                | FEE                    |          | RATE                | FEE  |  |
| FOR  |  |   | NUMBER FILED       |             | NUMBER EXTRA            |                  |            | BASIC FEE           | 355.00                 | OR       | BASIC FEE           | 710.00   |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 29 minus 20=       |             | • 9                     |                  |            | X\$ 9=              |                        | OR       | X\$18=              | 162  |  |
| INDEPENDENT CLAIMS   |  |   | 4 minus 3 =        |             | <i>'</i>                |                  |            | X40=                |                        | OR       | X80=                | 80   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                    |             |                         |                  |            | +135=               |                        | OR       | +270=               |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                     |  |   |                    |             |                         | L                | TOTAL      |                     | OR                     | TOTAL    | 217                 |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                    |             |                         |                  |            | '                   |                        | -        | OTHER               |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                    |             |                         |                  |            | SMALL E             | ,,,                    | OR       | SMALL               |  |  |
| AMENDMENT A  | * ***  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | PREVI       | IBER                    | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
| NDM  | Total  | *   | Minus              | **          |                         | =                |            | X\$ 9=              |                        | OR       | X\$18=              |  |  |
| 4ME!   | aoponao  | *   | Minus              | ***         | T O' 4'''               | =                |            | X40=                |                        | OR       | X80=                |  |  |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF        | ENDEN       | I CLAIM                 |                  | ·          | +135=               |                        | OR       | +270=               |  |  |
|  |  |   |                    |             |                         |                  |            | TOTAL               |                        | OR       | TOTAL<br>ADDIT. FEE |  |  |
|  |  | (Column 1)                                |                    | (Colu       | mn 2)                   | (Column 3)       |            | ADDIT. FEE          |                        | •        | ADDIT. 1 EE         |  |  |
| AMENDMENT B  | <b>* 1. S</b>                                  | CLAIMS<br>REMAINING                       | AL ME              | HIGI<br>NUN | HEST<br>MBER            | PRESENT          | <b>1</b> [ | DATE                | ADDI-<br>TIONAL        | ]        | DATE                | ADDI-<br>TIONAL                                  |  |
|  |  | AFTER<br>AMENDMENT                        |                    |             | OUSLY<br>FOR            | EXTRA            |            | RATE                | FEE                    |          | RATE                | FEE  |  |
| NDM  | Total  | *   | Minus              | **          |                         | =                |            | X\$ 9=              |                        | OR       | X\$18=              |  |  |
| AME  | Independent                                    | *   | Minus              | ***         | T CLAUA                 | ]=               | $\  \ $    | X40=                |                        | OR       | X80=                |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |             |                         |                  |            | +135=               |                        | OR       | +270=               |  |  |
|  |  |   |                    |             |                         |                  |            | TOTAL               |                        | OR       | TOTAL<br>ADDIT. FEE |  |  |
|  |  | (Calumn 4)                                |                    | (Coli       | ımn 2)                  | (Column 3)       |            | ADDIT. FEE          |                        | -        | AUDII. FEE          |  |  |
| AMENDMENT C  |  | (Column 1)<br>CLAIMS                      | 88 (87 <u>)</u>    | HIG         | HEST                    |                  | ו ר        | -                   | ADDI-                  | 1        |                     | ADDI-  |  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT           |                    | PREV        | MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |            | RATE                | TIONAL<br>FEE          |          | RATE                | TIONAL<br>FEE                                    |  |
|  | Total  | *   | Minus              | **          |                         | =                | $] \mid$   | X\$ 9=              |                        | OR       | X\$18=              |  |  |
|  | Independent                                    | *   | Minus              | ***         |                         | =                |            | X40=                |                        | OR       | X80=                |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |             |                         |                  |            | 405                 |                        | 1        | 1270                | <del>                                     </del> |  |
| +135=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                    |             |                         |                  |            |                     |                        | OR       | +270=               |  |  |
| **   | If the "Highest Nu                             | mber Previously                           | Paid For" IN TH    | IS SPACE    | is less that            | an 20, enter "20 | )."        | TOTAL<br>ADDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE |  |  |
| "  | *If the "Highest Nun<br>The "Highest Nun       | imber Previously<br>nber Previously P     | raid For" (Total o | r Indepen   | dent) is th             | e highest numb   | er fo      | und in the ap       | propriate bo           | ox in co | olumn 1.            |  |  |